

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB NO. 0938-0086

DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

Identifying Information

(a) Name of Entity Life Care Centers of America, Inc.	D/B/A Cherry Hill Manor	Provider No. Medicare 41-5053 Medicaid 00699	Vendor No	Telephone No (401)231-3102
Street Address 2 Cherry Hill Road		City, County, State Johnston, Providence, RI		Zip Code 02919
(b) (To be completed by CMS Regional Office)		Chain Affiliate No.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LB1

Answer the following questions by checking "Yes" or "No." If any of the questions are answered "Yes," list names and addresses of individuals or corporations under Remarks on page 2. Identify each item number to be continued.

(a) Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons or organizations in any of the programs established by titles XVIII, XIX, or XX?

☐ Yes ☒ No LB2

(b) Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by titles XVIII, XIX, or XX?

☐ Yes ☒ No LB3

(c) Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's, organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)

☐ Yes ☒ No LB4

(a) List names, addresses for individuals or the EIN for organizations having direct or indirect ownership or a controlling interest in the entity. (See instructions for definition of ownership and controlling interest.) List any additional names and addresses under "Remarks" on page 2. If more than one individual is reported and any of these persons are related to each other, this must be reported under Remarks.

Name	Address	EIN
Forrest L. Preston 100% Sole Shareholder	3570 Keith Street NW, Cleveland, Tennessee 37312	XXXXXXXXXX 5

LB5

(b) Type of Entity: ☐ Sole Proprietorship ☐ Partnership ☒ Corporation ☐ Unincorporated Associations ☐ Other (Specify)

LB6

(c) If the disclosing entity is a corporation, list names, addresses of the Directors, and EINs for corporations under Remarks.
Please see attached Exhibit "O"

Check appropriate box for each of the following questions:

(d) Are any owners of the disclosing entity also owners of other Medicare/Medicaid facilities? (Example: sole proprietor, partnership or members of Board of Directors.) If yes, list names, addresses of individuals and provider numbers.

☒ Yes ☐ No LB7

Name	Address	Provider Number
	Please see attached Exhibits	

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OMB NO. 0938-0086V (a) Has there been a change in ownership or control within the last year?
If yes, give date _____☐ Yes ☒ No

LB8

(b) Do you anticipate any change of ownership or control within the year?
If yes, when? _____☐ Yes ☒ No

LB9

(c) Do you anticipate filing for bankruptcy within the year?
If yes, when? _____☐ Yes ☒ No

LB10

V Is this facility operated by a management company, or leased in whole or part by another organization?
If yes give date of change in operations Lease 10/24/2002☐ Yes ☒ No

LB11

VI Has there been a change in Administrator, Director of Nursing, or Medical Director within the last year?

☐ Yes ☒ No

LB12

II (a) Is this facility chain affiliated? (If yes list name address of Corporation, and EIN)

Name

EIN #

☒ Yes ☐ No

LB13

Life Care Centers of America, Inc.

62-0963862

Address

3570 Keith Street NW

Cleveland, TN 37312

LB14

II (b) If the answer to Question VII.a. is No, was the facility ever affiliated with a chain?
(If yes list Name Address of Corporation, and EIN)

Name

EIN #

N/A

☐ Yes ☐ No

LB18

Address

LB19

III. Have you increased your bed capacity by 10 percent or more or by 10 beds, whichever is greater, within the last 2 years?

☐ Yes ☒ No

LB15

If yes give year of change _____

Current beds _____ LB16 Prior beds _____ LB17

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF THIS STATEMENT, MAY
BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY
DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF A REQUEST TO PARTICIPATE OR WHERE THE ENTITY ALREADY PARTICIPATES,
TERMINATION OF ITS AGREEMENT OR CONTRACT WITH THE STATE AGENCY OR THE SECRETARY, AS APPROPRIATE.

Name of Authorized Representative (Typed)

Title

Cindy S. Cross

Assistant Secretary

Signature Life Care Centers of America, Inc.

Date

By:

May 16, 2005

Remarks

EXHIBIT "O"

LIFE CARE CENTERS OF AMERICA, INC.

Board of Directors

Forrest L. Preston, 220 Anatole Lane, Cleveland, Tennessee 37312
[REDACTED]

John E. McMullan, 4986 Seawatch Drive, Amelia Island, Florida 32034
[REDACTED]

Rebecca Hunter, 110 Blueberry Hill Road, Cleveland, Tennessee 37312
[REDACTED]

Angelene V. Clayton, 170 Hunters Run Circle, NW, Cleveland, Tennessee 37312
[REDACTED]

I. Stephen Ziegler, 9263 Dayflower Drive, Ooltewah, Tennessee 37363
[REDACTED]

Don L. Giordina, 260 Anatole Lane, Cleveland, Tennessee 37312
[REDACTED]

David B. Weiss, 1630 Des Peres Road, Suite 250, St Louis, MO 63141
[REDACTED]

Corporate Officers

Chairman: Forrest L. Preston, 220 Anatole Lane, Cleveland, Tennessee 37312
[REDACTED]

President: Don L. Giordina, 260 Anatole Lane, Cleveland, Tennessee 37312
[REDACTED]

Vice President /
Secretary: Angelene V. Clayton, 170 Hunters Run Circle, NW, Cleveland, Tennessee 37312
[REDACTED]

Vice President/
Treasurer: I. Stephen Ziegler, 9263 Dayflower Drive, Ooltewah, Tennessee 37363
[REDACTED]

Vice
President: Thomas B. Doler, 222 Ivy Way, NW, Cleveland, IN 37312
[REDACTED]

Vice President/
Assistant
Secretary: Cindy S. Cross, 450 No Pone Valley Road, Cleveland, Tennessee 37311
[REDACTED]

Assistant
Secretary: Jean E. Thurmond, 328 Lewis Lane, NE, Cleveland, Tennessee 37312
[REDACTED]

Assistant
Treasurer: Tony Hunter, 271 Hidden Oaks Trail, Cleveland, Tennessee 37312
[REDACTED]

Shareholders

Forrest L. Preston, 100% Sole Shareholder